



Montserrat Pty Ltd

ACN 074132 282

383-391 Samford Road

Gaythorne, Qld, 4051

Tel: 07 3550 3599

Fax: 07 3550 3555

Dear Parent / Carer

Re: Your Child's Admission for a Procedure at Montserrat Day Hospital Gaythorne

Your doctor has notified us that your child will be undergoing a procedure in our hospital.

We have enclosed:

- Patient Information Brochure, which also details your rights and responsibilities; and
- Patient Information and Admission Form.

Please complete each of the forms prior to your admission (please use a black pen) and bring them with you on the day of the procedure together with your child's Medicare Card and Private Health Fund Card (if applicable).

Admission time: Your Doctor's staff will contact you one working day prior to your procedure, to notify you of your admission time.

If you have any questions relating to these documents or your financial obligations, then we welcome your call on 07 3550 3599.

If you have any questions about your child's medical conditions or the surgery, please call your doctor.

Thank you for choosing to have your child's procedure at Montserrat Day Hospital Gaythorne, in conjunction with your doctor. We shall ensure that your time in our care is as comfortable and pleasant as possible.

Kind regards

Montserrat Day Hospitals

Patient Information



It is important that you read this pamphlet before your procedure. Please ask if you have any questions regarding your procedure.



Shining a new light on healthcare

Welcome to Montserrat Day Hospital

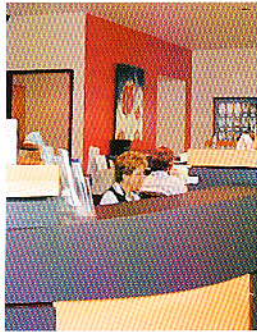
Our aim is to provide you with the highest standard of care in a relaxed and comfortable environment, with minimal inconvenience to your personal and professional schedule. Montserrat Day Hospitals are operated by accredited specialist proceduralists, surgeons and anaesthetic staff, to provide the highest medical standards.

Our administrative and nursing staff are highly trained professionals, committed to providing quality care.

Montserrat Day Hospitals are accredited by the Australian Council of Health Care Standards.

Our Mission:

Shining a new light on healthcare by preserving the dignity and uniqueness of our patients in the day hospital environment.



Before Admission - All Day Surgery Patients

Please advise if you may be pregnant or if you are breastfeeding.

Non-English Speaking Patients

If possible, please bring a friend or interpreter. If this is not possible, please advise us so that an interpreter can be arranged.

Procedure Information and Instructions

Information detailing your procedure will have been supplied to you by your surgeon's or proceduralist's rooms, please read this carefully.

It explains the procedure, its risks, the outcomes expected and alternative medical procedures. The information is provided so that you may give informed consent for your procedure. If you have any questions, please contact your surgeon's or proceduralist's rooms.

It also includes instructions regarding your preparation for the procedure. Please follow these instructions carefully.

Smoking

Montserrat Day Hospitals are smoke-free environments.



Before Admission - Endoscopy Patients Only

Referral Forms

Unless you have recently had a consultation with one of our specialists, the Australian healthcare system requires that Australian citizens and visitors with Medicare entitlements have a referral from the family doctor prior to booking your procedure.

Your referral will:

- indicate the procedure required;
- give reasons for the procedure;
- allow Medicare to pay its share of the procedure fee.

It is important to bring the referral with you at your first physical contact (e.g., for colonoscopy on the day you collect your colonoscopy instructions, or for gastroscopy on the day of your procedure).

For non-Australian patients without Medicare entitlement:

A referral is not strictly necessary, but we would advise seeing a general practitioner to ensure you are directed to the appropriate care provider.

Medical, Surgical and Family History

You will be asked to fill out a form detailing these histories at your first physical contact with us. This is needed to ensure your appropriate care.

Cold or Illness

As the anaesthetic is intravenous and of short duration, colds generally do not prevent the procedure being performed at the time planned.

If you wish to change your appointment please contact us as soon as possible on 07 3833 6701.

The Day of Your Procedure

What to Wear

Please wear loose, comfortable clothing and low-heeled shoes. If you have contact lenses (which you take out at night) these will need to be removed before the procedure. Please do not wear jewellery, apart from your wedding ring. We recommend that you do not bring valuables with you.

What to Bring:

If medications (including insulin, asthma sprays, eye drops etc.) are due during the time you will be with us, please bring these with you. You should also bring any aids you require (such as glasses or hearing aids). It is important that you bring your Medicare card, health fund details, Health Care Card and your pension card, if applicable.

The Surgery or Procedure

On arrival you will be greeted by the reception staff who will check that your admission details are complete. A nurse will then accompany you from reception into the clinical area where they will make you comfortable and get you ready. You will then meet the anaesthetist and proceduralists or surgeon. They will review your medical history, examine you and answer your questions prior to the procedure.

You will have received information regarding the procedure and you will be asked to affirm your consent to the procedure by signature (if you have not already done so). It is your right to request further details or clarification of your procedure, or to cancel, at any time.

Information regarding the procedure is included in your procedure information handout.

During the procedure you will be cared for by highly trained medical and nursing staff who aim to provide the highest standards of patient care.

We make every effort to start procedures at the designated time. The most common cause for delay is the late arrival of a preceding patient and this late arrival results in subsequent delay for every patient thereafter. If you are unable to arrive on time, please contact the facility as soon as possible. Sometimes, on submission the Health Fund may reject your claim. Where this occurs you are responsible for the excess or for the amount of your account.

After the Procedure

After the procedure you will be transferred to the recovery room. When alert, you will be given refreshments. Unless otherwise notified, you can resume normal eating and drinking on discharge.



Going Home

Your reflexes and mental reaction may be impaired as the anaesthetic drugs wear off over several hours and therefore you should:

- be accompanied home by a responsible person. Ideally you should be driven home by a friend or relative (please see specific procedure information leaflet for expanded advice or follow the advice of your anaesthetist).
- not drive for the specified period detailed in the procedure leaflet. Courts might react very adversely should you drive within this period. If someone were to be injured in an accident whilst you were driving, it is possible that you would face criminal charges and insurance policies may not cover any damages incurred in accidents in this period.
- not operate machinery (including domestic appliances such as stoves, irons, kettles, heaters, etc.).
- not sign any important documents or make important decisions.

Patients Covered by Private Health Care

Montserrat Day Hospitals is a "simplified billing" and "no gap" billing hospital. You will be informed prior to the procedure of out-of-pocket expenses. Simplified billing means that, with your consent, the accounts for your procedures will be sent to the relevant health funds. If you have adequate cover for your procedure the account will be settled with them. If not fully covered you will be asked, on the day for payment of the amount which is in excess of the benefit. Sometimes anaesthetists insist on sending their account separately.

If biopsy tissue is sent for pathology you will receive another account from a pathology service provider.

Self-Insured Patients

Self-insured patients will be provided with a cost estimate for their procedure. Payment will be required on the day.

Theatre Fees

The theatre fees are payable based on an estimate of time in theatre made by your surgeon prior to admission. If the time in theatre exceeds the estimate then additional charges will be applied.

WorkCover

If you are claiming WorkCover insurance, company approval will need to be obtained prior to your admission. Please check with your doctor, or with us, that approval has been granted for your procedure.

Veterans' Affairs

Veterans' Affairs do not always cover hospital and doctors' fees. Prior approval is usually required for your procedure to be undertaken at our facility. Please check with our reception staff for advice.

For Other Day Surgery Patients, Refer to Your Specialist.

Your Rights and Responsibilities

The most important person making decisions regarding your health is you. Any procedure being performed on you requires your consent and you have definite rights in making a choice to consent or refuse.

You have the right to

- receive a clear explanation as to why the investigation or treatment is considered necessary;
- receive an explanation as to the expected outcomes, risks and side-effects of the investigation or treatment, and an explanation as to other investigations or treatment options;
- discuss any matter regarding your health or care which you feel relevant;
- ask for an interpreter if you do not understand English well;
- have time to consider the proposal or discuss it with a relative, friend or helper;
- have a second medical opinion and the right to consent, refuse or withdraw consent at any time without prejudicing your relationship with your medical advisor;
- know that you should receive health care and service of the highest quality and be informed before your procedure of the likely out-of-pocket expense to you;
- know that your personal medical details and identity are treated as strictly confidential;
- know that you will be treated with courtesy and have your ethnic, cultural and religious practices respected.



Advice on Making a Complaint

You have the right to express an opinion or make a reasonable complaint about treatment you have received. If you wish to make a complaint, you should discuss the matter with the doctor involved. If you are not satisfied with the response, you can contact the Queensland Health Rights Commission.

Your Responsibilities

To obtain the best result from your health care, you do have certain responsibilities. These include simple courtesies and actions to assist those who are caring for you. You should provide accurate and complete information about your present health, past illness, previous hospitalisations, allergies, any medication, etc. You have the responsibility to ensure that proper provision is made for your transport home.

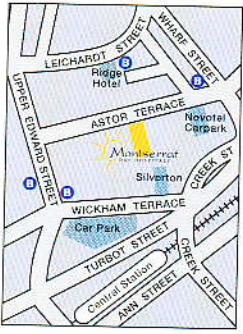
As Montserrat Day Hospital is a private hospital and you are a private patient, you are responsible for the fees incurred. If you are insured, Montserrat Day Hospital will, with your consent, settle the account with the relevant funds. Please see Financial Information.

Privacy Policy

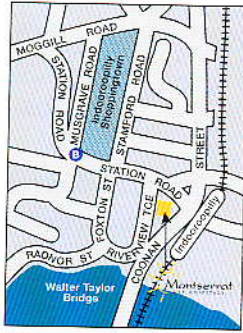
You have legislated privacy rights. You have the right to:

- be told about what happens to your health information;
- have choice and control over the information collected;
- ask to see what is in your health record, if you think it is wrong you can ask for it to be corrected;
- be told why and when a health service provider may need to share your information, for example, to ensure you get quality treatment and care.

The full privacy policy of Montserrat Day Hospitals is displayed in our waiting areas and on our website for your perusal. If you have any queries, please feel free to discuss them with us.



Level 2, 35 Astor Tce,
Brisbane Q 4000



12 Riverview Tce,
Indooroopilly Q 4068



383 - 391 Samford Rd
Gaythorne Q 4051


Montserrat
 DAY HOSPITALS
 Phone 3833 6701
 Web site: www.montserrat.com.au

DAY SURGERY
PATIENT INFORMATION & ADMISSION



Your Personal Details (please enquire about how we safeguard your privacy)

Family Name as per Medicare Card				Given Names per Medicare Card			
Title		Sex		Date of Birth		Age	
Address						Post Code	
Contact Details.	Tel; Home		Tel; Work		Tel; Mobile		
	Fax		eMail				
Next of Kin			Relationship		Referring Dr		
Person to contact in an emergency					Relationship		
Emergency Contact details	Tel; Home		Tel; Work		Tel; Mobile		
Medicare No			Expiry Date	/	Number preceding your name on the Medicare Card		
Health Fund				Membership Number			

Other data including that required by Queensland Health Tick all relevant boxes

Marital Status	Never Married <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>						
Occupation (if retired what was your principal occupation)							Now retired <input type="checkbox"/>
Country of Birth	Australia <input type="checkbox"/>		Other (please specify)				
Is your origin (tick both if appropriate)	Australian Aboriginal <input type="checkbox"/>			Torres Strait Islander <input type="checkbox"/>			

Consent re information

Please refer to the provided material for information on your rights and responsibilities as a patient.

Area of Consent given or withheld	My Response	Signature
I have received, read, and understand information about my rights and responsibilities relating to the medical care and treatment I am about to receive.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I have received, read, and understand information about my financial responsibilities regarding the estimated costs associated with the procedure and any other medical or diagnostic costs that may also be determined as necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I am willing to have my medical records used in Quality Assurance and Healthcare Accreditation Standards activities given that my privacy will be strictly protected at all times and that no unnecessary information as prescribed in law will be communicated to other parties.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

The information provided by me in this form is true and accurate. Date / /